



OPERATOR'S WELL PLUGGING REPORT

State Form 54874 (12-11) / Form No. R11

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
 402 W. Washington St., Rm. 293
 Indianapolis, IN 46204
 Telephone number: (317) 232-4055
 FAX number: (317) 232-1550
 Internet: <http://www.in.gov/dnr/dnroil>

FOR DIVISION USE ONLY

Date Authorization Granted:

Initials:

PART I GENERAL INFORMATION

Name of operator	Telephone number () -	Permit Number
Address of operator		Date Plugged (<i>month, day, year</i>)

PART II WELL INFORMATION

Name of Lease				Well Number	Elevation (G.L.)	Well Type
Township	Range	Section	Quarters	Footage's	Footage's	County

PART III PLUGGING DETAILS

Casing and Tubing Information

Hole Size	Size (OD)	Pipe Set	Pipe Pulled	Pipe Left	Top of Primary Cement	Perforations		
		ft.	ft.	ft.	ft.	ft.,	ft.,	ft.
		ft.	ft.	ft.	ft.	ft.,	ft.,	ft.
		ft.	ft.	ft.	ft.	ft.,	ft.,	ft.
		ft.	ft.	ft.	ft.	ft.,	ft.,	ft.

Plug Information

Plug Type	Plug Volume	Volume Type	Weight Average	Plug Bottom	Plug Top
				ft.	ft.
				ft.	ft.
				ft.	ft.
				ft.	ft.
				ft.	ft.
				ft.	ft.

PART IV SIGNATURE OF PARTICIPANTS and AFFIRMATION OF PLUGGING

The undersigned certifies under penalty of perjury that they are knowledgeable of the work performed in the plugging of this well which was completed in accordance with IC 14-37-8.

Signature of Owner/Operator or Authorized Agent	Date signed (<i>month, day, year</i>)
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Name of Owner/Operator or Authorized Agent

Signature of Contractor	Date signed (<i>month, day, year</i>)
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Name of Contractor

The undersigned individual affirms under penalty of perjury that I provided the cement volumes and types listed in Part III of this report.

Signature of Cement Provider	Date signed (<i>month, day, year</i>)
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Name of Cement Provider

Special Instructions:

1. The person who signs as the operators authorized agent MUST be a person whose signature appears in Part V or Part VI of the Organizational Report. This report is not valid unless all signatures are present.
2. The operator shall submit this completed report to the division within thirty (30) days after the completion of well plugging operations. Failure to submit this report will result in enforcement action. The form should be mailed to:

Department of Natural Resources
Division of Oil & Gas
402 W. Washington St., Room 293
Indianapolis, IN 46204

3. Copies of cement tickets and contractor daily reports from the service company performing the work should be submitted with this affidavit.
4. The submission of this plugging report does not relieve the owner or operator from responsibility for future remedial actions on this well as needed to prevent contamination in accordance with IC 14-37.
5. Please submit a copy of a modified plugging plan if one was approved on site.